

# SCHOOL ATTENDANCE IMPROVEMENT PLAN (SAIP)

## Basic Student Information:

Name of Student: \_\_\_\_\_ Home Address: \_\_\_\_\_ Special Needs/IEP: Yes  
No

Grade Level: \_\_\_\_\_

Name of Parent/  
Guardian: \_\_\_\_\_ Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Parent/  
Guardian: \_\_\_\_\_ Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Goal: \_\_\_\_\_

*(Insert Student's Name)*

Projected Date of Attendance Improvement   
*(Insert Date)*

## List of those who attended the SAIP and Role/Relationship to student:

Date of SAIP meeting:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

**Attach the Attendance Summary to the End of this Document for Reference**

**Strengths of Student/Family:**

Description	Relevance to the Plan
1.	
2.	
3.	
4.	

**General Information Regarding Family Habits/Routines**

Does the student have siblings, step, or half-siblings, or are other children or young adults living in the household?	Yes No
If yes, who	
With whom does the student live during the week.	
What time does the student wake up on a school day?	
What type of transportation does the student use to get to school?	
Additional Information / Comments	

**Assessment / Areas of Need:**

Primary	Secondary
1.	
2.	
Additional Information / Comments	

**Solutions:**

Description	Responsible Party(ies)	Projected Completion Date
1.		
2.		
3.		

**Specific Potential Benefits to Student for Improved Attendance with Plan:**

Short Term Benefit :	Long Term Benefit :
1.	
2.	

**Specific Potential Consequences for Non-improvement / Decline of Attendance :**

Short Term Consequence :	Long Term Consequence :
1.	
2.	

This SAIP was created collaboratively to

- Assist the student in improving attendance;
- Enlist my/your support as the parent(s)/guardian(s); and
- Document the school's attempts to provide resources to promote the educational success of the student.

**We agree with this Plan, including all requirements and consequences set forth herein, and we agree to comply with the terms set forth in the Plan. Parties in agreement with this plan will sign below:**

Student :

Date :

Parent or  
Guardian :

Date :

Parent or  
Guardian :

Date :

**If those persons listed above disagree and refuse the terms set forth in the plan, please sign below:**

Student

Parent / Guardian

Parent / Guardian

Should we the Parent / Guardian have difficulty in implementing the plan or are not clear on the roles of

each party, we can contact the following school personnel

with questions or concerns prior to the scheduled progress meeting.

**Date for Follow-up  
Meeting (if applicable) :**

*If no date is listed above, please disregard.*

**The student, parents, and school should be provided a copy of this form regardless of attendance.**